Docket No. RFSUNY-3672

Declaration and Power of Attorney For Patent Application English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

AN ATRAUMATIC ENDOTRACHEAL TUBE INTRODUCER AND ATRAUMATIC INTUBATION **METHODS**

	e specification of which	ch			
	is attached hereto.				
	was filed on		as United	d States Application No	. or PCT International
	Application Number				
	and was amended o	on	***************************************		
			(if	applicable)	
	ereby state that I have luding the claims, as			contents of the above ferred to above.	identified specification,
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Prior Foreign Application(s)					Priority Not Claimed
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/o agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number) All attorneys and agents associated with Customer No. 5409	
Send Correspondence to: Customer No. 5409	
Direct Telephone Calls to: <i>(name and telephone number)</i> Sander M. Rabin (518) 220-1850	_
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Sole or first inventor's signature Date	\dashv
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Citizenship USA	1
Post Office Address	\dashv
Same as Residence	4
	_
Full name of second inventor, if any	7
Second inventor's signature Date	+
Residence	\dashv
Citizenship	-
Post Office Address	-
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